

NOV 15 1937

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

35955

Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No. **791**
 (b) Township..... Primary Registration District No. **1003**
 (c) City **St. Louis** (d) Street No. **4024 St. Ferdinand** Registered No. **9532**
 (e) Length of residence in city or town where death occurred **11** yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Ruth Leora Stiles
 (a) Residence, No. **4024 St. Ferdinand** St. **11** (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Female** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Married**
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **John Stiles**
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **August 2, 1886**
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
41 2 8

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc. **at Home**
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) **Salem**
 (STATE OR COUNTRY) **Missouri**

13. NAME **Samuel Hubbs**
 14. BIRTHPLACE (CITY OR TOWN) **Salem**
 (STATE OR COUNTRY) **Missouri**

15. MAIDEN NAME **Alice Bramon**
 16. BIRTHPLACE (CITY OR TOWN) **Arkansas**
 (STATE OR COUNTRY)

17. INFORMANT **John Stiles**
 (ADDRESS) **4024 St. Ferdinand**

18. BURIAL, CREMATION, OR REMOVAL
 PLACE **Leeper Co.** DATE **10/11/37** 19.

19. FUNERAL DIRECTOR **Allen W. McLaughlin**
 (ADDRESS) **2301 Lafayette Ave.**

20. FILE **OCT 13 1937** **J. B. Biebeck**
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Oct. 10** 19 **37**

I HEREBY CERTIFY, That I attended deceased from **Sept 1933**, 19, to **October 10th**, 19**37**
 I last saw him alive on **October 10**, 19**37**. Death is said to have occurred on the date stated above, at **12:45** p.m.
 The principal cause of death and related causes of importance were as follows:

General Carcinomatous
primary seat in left
Threat
 Date of onset

Other contributory causes of importance: **50**

Name of operation **Mammary** Date of **Oct. 1933**
 What test confirmed diagnosis? **Pathology** Was there an autopsy? **no**

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury, 19.....
 Where did injury occur? (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
 Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? **no**
 If so, specify.....
 (Signed) **W. H. Gittinger**, M. D.
 (Address) **2748 N. Grand Bl**

STATEMENT BY LICENSED EMBALMER

I, L.R. Cooper, Licensed Embalmer No. 3633
hereby certify that the body recorded on the reverse side of this certificate was embalmed by me
..... L. E.
No. or by Registered Apprentice No.
working under my personal supervision.

Signed L.R. Cooper
Licensed Embalmer No. 3633

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)